

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 59195 - 311706																															
In re Application of Ralph Bohmer																																	
Application Number 10/516,430		Filed May 30, 2003																															
For MATERNAL ANTIBODIES AS FETAL CELL MARKERS TO IDENTIFY AND ENRICH FETAL CELLS FROM MATERNAL BLOOD																																	
Art Unit 1641		Examiner GABEL, Gailene																															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;"><u>Fee</u></th> <th style="width: 10%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$</td> <td></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-0029</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record. Registration Number <u>51,774</u></p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <hr style="border: 0.5px solid black; margin: 10px 0;"/> <p style="text-align: center; margin-left: 100px;">Registration number if acting under 37 CFR 1.34. _____ .</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ /Roberta Jean Hanson/ Signature</p> <p style="text-align: center;">_____ Roberta Jean Hanson Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ November 23, 2007 Date</p> <p style="text-align: center;">_____ 303/607-3500 Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	\$60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$		<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.